

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Seiichiro NORITAKE
 Serial No: 10/627,959
 Confirmation No: 2264
 Filed: July 25, 2003
 For: DAMPER DEVICE



Art Unit: 3753
 Examiner: Hepperle, Stephen M.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment	
Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450, on	
August 26, 2005	
Date of Deposit	Juanita Soberanis
Name	<i>Juanita Soberanis</i>
Signature	08/26/05
Date	

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- Amendment.
- Return postcard.
- No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20	**	0	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	5	-	3	***	2	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims: 2, 5, 11, 14 and 19						TOTAL	\$ 400

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- The Commissioner is hereby authorized to charge \$400 to cover the additional claims fee to Deposit Account No. 50-1314. The Commissioner is authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By:

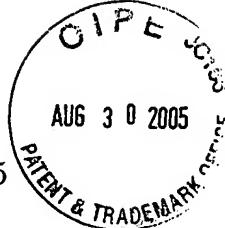
Troy M. Schmelzer
 Troy M. Schmelzer
 Registration No. 36,667
 Attorney for Applicant(s)

Date: August 26, 2005

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Appl. No. 10/627,959
Amtd. dated August 26, 2005
Reply to Office Action of June 8, 2005

Atty. Ref. 81868.0100
Customer No. 26021



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AMENDMENT

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 8, 2005, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

08/31/2005 ZJUHAR1 00000015 501314 10627959

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